

FRANK GUTIERREZ (3mo) TGH Health Care

Robert T. Brockman
Current Medications List
Monday • June 14, 2021 @ 1:30 PM

Rec: ① J^W Unsepsis Hospitalization
05/31/2021 → 06/11/2021 4:50 AM.

Baylor Comprehensive Healthcare Clinic
7200 Cambridge St - 6th Floor, Suite 6.100
Houston, TX 77030-4202
Tel 713-798-0180 • Fax 713-798-0174

BCM Baylor
College
of Medicine

CONFIDENTIAL

RTBrockman_Medical_Records_0005050

Brockman, Robert

Patient ID: 03527911

1941

Age: 80

Gender: M

Date: June 14, 2021

SCORE

TODAY

CLOCK DRAWING: TODAY

3-WORD MEMORY

0

ORIENTATION

4

SEQUENCE MEMORY

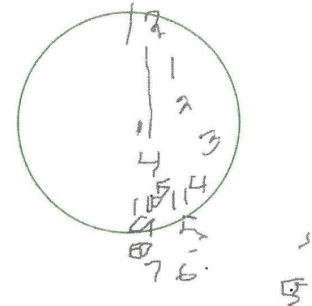
3

TIME

0

TOTAL SCORE

7



Background

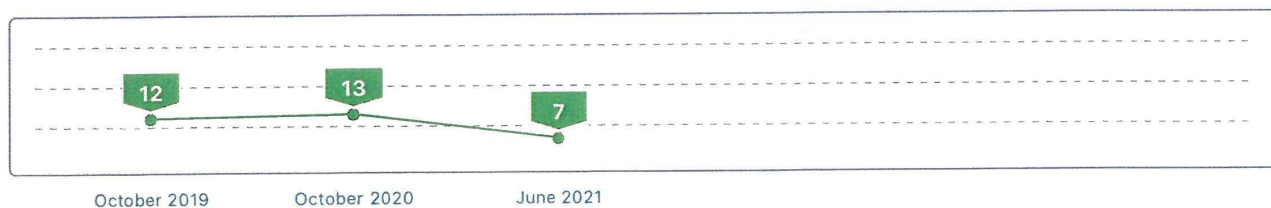
This patient is an 80 year-old man who lives independently in the community. The patient's cognitive functioning is being evaluated due to cognitive complaints by the patient, a family member, or a community observer.

Test Results

This patient has received a score of 7 of 29 points. This score falls below the cutoff for dementia in patients of this age and educational level and is typically associated with Major Neurocognitive Disorder, severe (formerly Severe Dementia). In our research database of 3500 patients, no patients in this score range had normal cognition, 1% had Mild Cognitive Impairment (MCI), and 99% had dementia.

The test administrator agrees with the results of this test.

Results Over Time

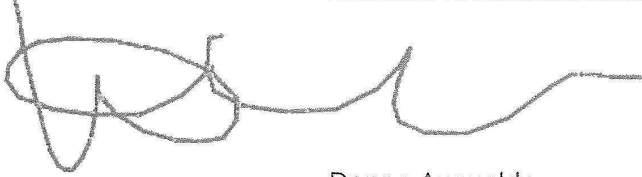


Plan

No plan.

Brockman, Robert

Patient ID: 03527911 [REDACTED] 1941 Age: 80 Gender: M



Donna Ansualda

Disclaimer: This test has high levels of sensitivity, specificity and reliability, but does not replace comprehensive neuropsychological and medical evaluation. Our recommendations are based on current research and extensive clinical experience with this population. The CogniSense™ tool has been validated in English speaking adults ages 60 to 92 in a community-based primary care setting.

References:

Clionsky, M and Clionsky E, "Development and Validation of the Memory Orientation Screening Test," American Journal of Alzheimer's Disease & Other Dementias, 2010, 25 (8), 650-656
Clionsky, M and Clionsky E, "Identifying Cognitive Impairment in the Annual Wellness Visit: Who Can You Trust?," The Journal of Family Practice, 2011, 60: 653-659
Clionsky, M and Clionsky E, "The Memory Orientation Screening Test (MOST®) accurately separates normal from MCI and demented elders in a prevalence-stratified sample," Alzheimer's Disease & Parkinsonism, 2013, 3:1

Mr. Brockman, T. Robert

D.O.B. 5/28/1941

MEDICATIONS LIST

MORNING 9 AM

Exelon 1 Patch 9.5

Miralax cap full

X Carbidopa-Levodopa 25-100 2 tablets

X Bupropion HCL SR 100 mg 2 tablets

X Synthroid 1 tablet 75 MCG

X ~~Floranex~~ 1 tablet 50

X Eliquis 2.5 mg 1 tablet

X Stool softener ~~X~~ softgels - 240 mg

X Vitamin D3 1 capsule 2000 IU - 1

NOON 12 PM

Carbidopa-Levodopa 25-100 2 tablets

X ~~Floranex~~ 1 tablet

AFTERNOON 4 PM

Carbidopa-Levodopa 25-100 2 tablets

NIGHT 8PM (bed time)

X Trazadone 1 tablet 50 mg

X Bupropion HCL SR 100 mg 1 tablets

- ~~Floranex~~ 1 tablet 50

X Eliquis 2.5 mg 1 tablet

X Rosuvastatin Calcium 5 mg 1 tablet

~~Floranex~~ - Tamsulosin Hydrochloride 0.4 mg 1 tablet

~~Vitamin D3 2 capsule 2000 IU~~ morning only per wife -
"Seroquel"

New-Quetiapine Fumarate 25 MG 1/2 pill

Another 1/2 if needed -

4/2021 THC

Robert T. Brockman
Current Medications List
Monday • October 05, 2020 @ 1:30 PM

Social: Grandson (DOB 04/14/2020) JAMET.

2:00 Dr. Michelle York - Wed Nov 11, 2020 @ 1:00 PM

Baylor Comprehensive Healthcare Clinic
7200 Cambridge St - 6th Floor, Suite 6.100
Houston, TX 77030-4202
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RTBrockman_Medical_Records_0005054

Patient Name Sex DOB
 Brockman, Robert Theron Male [REDACTED] 1941

Your Current Medications Are

- ✓ **buPROPion (WELLBUTRIN) 100 MG tablet** *7 AM + 7 PM*
- ✓ **carbidopa-levodopa (SINEMET) 25-100 MG per tablet** *TAKE 2 TABLETS BY MOUTH THREE TIMES DAILY BID*
MIDNIGHT
- ✓ **ELIQUIS 2.5 MG TABS** *TAKE 1 TABLET TWICE DAILY*
- ✓ **EXELON 9.5 MG/24HR PT24** *Place 9.5 mg onto the skin daily.*
- ✓ **Levomefolate Calcium POWD** *Take one tablet by mouth daily to lower homocysteine*
- ✓ **Mirabegron ER (MYRBETRIQ) 50 MG TB24** *Take 50 mg by mouth daily. QD*
- ✓ **SYNTHROID 75 MCG tablet** *Take one tablet every morning for hypothyroidism QAM*
- ✓ **testosterone (TESTIM) 50 MG/5GM (1%) GEL** *Apply two tubes daily QD*
- ✓ **trazodone (DESYREL) 50 MG tablet** *Take 1 Tab by mouth at bedtime.*

Stool Softener - Wafgream 5 Caps POWD (Docusate Sodium)
Preferred Pharmacy

Briargrove Pharmacy - Houston, TX - 6435 San Felipe
 6435 San Felipe Houston TX 77057
 Phone: 713-783-5704 Fax: 713-783-5482
 Not a 24 hour pharmacy; exact hours not known.

Brand Direct Health - Tampa, FL - 5455 W Waters Ave
 5455 W Waters Ave Ste 215 Tampa FL 33634-1208
 Phone: 866-331-6440 Fax: 866-227-5928
 Not a 24 hour pharmacy; exact hours not known.

W 181.8 NKDA

H 5' 11.5"

SpO₂ 98

HR 47

T 97.7

R 14

- Pos
- ① Problem Swallowing -
Goes down wrong way!
Worse over past year.
 - ② 1/2 rx to Tie
 - ③ LBP
 - ④ Bid Hunter (Argentina)

① Dr. Eugene L. (Parkinson's Disease) ← Swallowing Memory ✓
② Mid. Area CCAP

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Jamail Specialty Care Center
1977 Butler Blvd - 6th Floor, Suite E6.150
Houston, TX 77030-4101
Tel 713-798-0180 • Fax 713-798-0174

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Dr. Pool annual checkup 10/1/19

In addition to the problems listed on 10/1/18 – these issues are newly added or updated.

-swallowing problem has gotten much worse – now happens routinely – generally followed by a couple of massive sneezes

-memory issues have become more defined

-recall of names has gotten worse

-dates are in numerous cases are almost completely gone

-unless I was deeply involved with an event or issue – or it was very recent – I have no better than partial recall – and frequently no recall at all

-depression is somewhat improved – probably due medication settling in

-my desk has a tendency to get covered over with piles of paper

-when the piles reach a certain level, I have difficulty getting anything done

-Dorothy says that is called “task initiation” problems

-currently I have 15 direct reports – which is way too many

-the answer to this is to delegate more – but that cannot be done quickly

-balance remains poor, however my son Robert has introduced me to balance-board training which so far I have not mastered

-lower back problems continue

Small pillow on the floor sometimes helps

Dr. Jeff Kozak of Fondren Orthopedic says that it shows up as a cloud of particles caused by arthritis

-UTI infection issues

Bob Brockman

- bad posture caused by sunken chest
- overall lack of stamina and strength
- major loss of balance – I couldn't stand up on the foredeck of a flats boat
- noticeable clumsiness and banging into things
- skin conditions – dryness, scaly skin, pretty much all over
- almost 100% loss of smell
- swallowing has changed – lots more saliva, tendency to partially choke a little on food happening more often - happens every day at least once
- general feeling of a sudden onset of old age
- depression
- ED – starting about a year ago – which is a cause for depression in itself
- close to the edge on incontinence – requires thoughtful planning of opportunities for urination – which is sometimes every hour
- reduced confidence in my ability to deal with rush hour traffic
- reduced memory ability
- reduced organizational ability
- cannot shoot a 410 shotgun as well
- cannot cast a flyrod as well

As of 10/1/18

Patient Name Sex DOB
 Brockman, Robert Theron Male [REDACTED] 1941

Preferred Pharmacy

Briargrove Pharmacy - Houston TX - Houston, TX - 6435 San Felipe
 6435 San Felipe Houston TX 77057
 Phone: 713-783-5704 Fax: 713-783-5482
 Not a 24 hour pharmacy; exact hours not known.

Your Current Medications Are

buPROPion (WELLBUTRIN SR) Take 100 mg by mouth two times daily. 200mg each
 100 MG SR tablet morning and 100mg each evening
 carbidopa-levodopa (SINEMET) Take ~~X~~ Tabs by mouth 3 times daily. (Was Zombie)
 25-100 MG per tablet
 diltiazem (DILTIAZEM CD) 120 Take 120 mg by mouth daily.
 MG ER capsule
 ELIQUIS 2.5 MG TABS TAKE 1 TABLET TWICE DAILY
 ezetimibe-simvastatin (VYTORIN) Take 1 Tab by mouth every evening.
 10-40 MG per tablet
 levothyroxine (SYNTHROID) 75 Take 75 mcg by mouth daily.
 MCG tablet
 rivastigmine 9.5 MG/24HR PT24 Place 9.5 mg onto the skin daily. *STAYED 1*
 Testosterone (ANDROGEL) 50 Place onto the skin.
 MG/5GM GEL *One dose*
 trazodone (DESYREL) 50 MG Take 1 Tab by mouth at bedtime.
 tablet

Docusate 100mg x 2 QD
Vit B-1
B-3
B12 1 Tab
W3 3,000
ALOE 720/110 LAD

Fr (1) Dr. Yudofski (FISHING TRIP) ^{ALASKA x 1 wk}
(2) Dr. Lerner (Fall 2013)
(3) DERM (Shore) Melanoma ✓
6 wks ago
(4) Eye - Dr. Steve Slade > 1 yr.
(5) Denton (Retired Dr. Haines)
(6) Founden Ortho - LBP - Oct 2019
Jeff Kozaka
(7) Dr. Groued (3/2019)

201: ① Lack of Energy
"TIREDNESS"

② Hausmanian (3 days/wk)

③ LEFT UPPER ARM MCLANDIA
Dr. GOLDBERG

④ Cognitive Dr. JANKEVICH

↓ EXECUTIVE
↓ SHORT-TERM 1/30/2019 - L. DORA + R10 = II-III-III X Zure (Cognitive Δ)
↓ Visual Spatial
⑤ Dr. Stuart Yudofsky (Sept 2018)
RX WELLBUTRIN
S = 7/10 → (3/10) BASELINE.

Briargrove Pharmacy
6435 San Felipe St
Houston, TX 77057-2705
(713) 783-5704

Patient: Brockman, Robert

Houston, TX

DOB: 1941
(713) 680-8702

CLINIC VISIT
FRIDAY 03/15/2019

01/01/2018 to 03/15/2019

Drug	NDC	Qty	Rx	Ref	Rph	Date	Qty	Patient Paid	Third Party	Plan	Day	Day	Prescriber
✓ Risperidone 4.6mg/24hr 30	47781-0304-03	Y	1488473	0	DB	03/13/2019	30.00000	53.54	83.96	CGNAC	0	30	Jankovic, Joseph*fax*
✓ Trazodone Tab 50 Mg 1000	50111-0433-03	Y	1488473	0	DB	03/13/2019	90.00000	2.26	2.09	CGNAC	0	90	Jankovic, Joseph*fax*
✓ Eliquis 2.5 Mg Tablet	00003-0893-21	N	1433744	2	ZY	02/08/2019	180.00000	1,276.80	-1.60	CGNAC	0	90	Gould, K.
✓ Carbidopa-Levodopa 25-100 Tab	00228-2539-96	Y	1480660	0	SS	01/30/2019	540.00000	135.16	-102.54	CGNAC	0	90	Savitt, Daniel
✓ Bupropion Hcl 100 Mg Tablet	23155-0192-01	Y	1478693	0	SD	01/18/2019	270.00000	92.18	-59.10	CGNAC	0	90	Stoer, Konal*fax*
✓ Diltiazem 24hr Er 120 Mg Cap	10370-0829-05	Y	1474730	0	SD	12/28/2018	90.00000	0.00	14.16	CGNAC	0	30	Gould, K.
Bupropion Hcl 100 Mg Tablet	23155-0192-01	Y	1462586	3	SS	12/26/2018	60.00000	0.00	8.75	CGNAC	0	30	Yudofsky, Stuart
✓ Fluorouracil 5% Cream	51672-4118-06	Y	1470778	0	ZY	12/05/2018	40.00000	0.00	56.15	CGNAC	0	30	Stoer, Konal*fax*
Bupropion Hcl 100 Mg Tablet	23155-0192-01	Y	1462586	2	DB	11/28/2018	60.00000	0.00	10.48	CGNAC	0	30	Yudofsky, Stuart
Bupropion Hcl 100 Mg Tablet	23155-0192-01	Y	1462586	1	SD	11/08/2018	60.00000	0.00	10.48	CGNAC	0	30	Yudofsky, Stuart
✓ Testin 1% 5gm	66887-0001-05	N	1465960	0	SD	11/07/2018	900.00000	0.00	3,431.57	CGNAC	0	90	Lisse, Scott
M-M-R II Single Dose	00006-4681-00	N	1461353	0	ZY	10/31/2018	1.00000	0.00	86.73	CGNAC	0	1	Pool, James
Hepilisav-B 20 Meg/0.5 Ml Vial	43528-0002-05	N	1461354	0	ZY	10/31/2018	0.50000	0.00	130.50	CGNAC	0	1	Pool, James
Bupropion Hcl 100 Mg Tablet	23155-0192-01	Y	1462586	0	SD	10/22/2018	60.00000	0.00	11.08	CGNAC	0	30	Yudofsky, Stuart
Suprep Bowel Prep Kit	52268-0012-01	N	1461621	0	SS	10/17/2018	354.00000	0.00	92.59	CGNAC	0	1	Agarwal, Suneal
Androgel 1.62%(2.5g) Gel Pckt	00051-8462-30	N	1458338	0	SS	09/28/2018	75.00000	0.00	633.98	CGNAC	0	90	Lisse, Scott
✓ Vytorin Tab 10/40	66582-0313-31	N	1416752	3	SD	09/14/2018	90.00000	202.97	787.28	CGNAC	0	90	Gould, K.
Eliquis 2.5 Mg Tablet	00003-0893-21	N	1433744	1	DB	09/14/2018	180.00000	248.91	965.45	CGNAC	0	90	Lisse, Scott
✓ Synthroid Tab 75mcg	00074-5182-19	N	1416753	3	DB	09/14/2018	90.00000	21.04	81.60	CGNAC	1	90	Lisse, Scott
Doxycycline Hyclate 100 Mg Cap	00143-9803-05	Y	1454607	0	ZY	09/06/2018	20.00000	3.13	3.43	CGNAC	0	10	Lisse, Scott
Synthroid Tab 75mcg	00074-5182-19	N	1416753	2	SD	08/04/2018	90.00000	21.04	81.60	CGNAC	1	90	Lisse, Scott
Vytorin Tab 10/40 90	66582-0313-54	N	1416752	2	SD	08/04/2018	90.00000	202.97	787.28	CGNAC	0	90	Lisse, Scott
Eliquis 2.5 Mg Tablet	00003-0893-21	N	1433744	0	SD	08/04/2018	180.00000	248.91	965.45	CGNAC	0	90	Gould, K.
Diltiazem Er Cap 60 Mg	00378-6060-01	Y	1413281	1	SS	08/03/2018	90.00000	45.68	161.73	CGNAC	0	90	Gould, K.
Nitrofurantoin Mcr 100 Mg Cap	47781-0308-01	Y	1441439	0	ZY	06/15/2018	20.00000	3.46	3.44	CGNAC	0	10	Lisse, Scott
Levofloxacin 750 Mg Tablet	55111-0261-30	Y	1441438	0	ZY	06/15/2018	20.00000	3.14	2.05	CGNAC	0	20	Lisse, Scott
Eliquis 2.5 Mg Tablet	00003-0893-21	N	1390009	0	ZY	04/28/2018	180.00000	245.89	968.47	CGNAC	0	90	Gould, K.
Diltiazem Er Cap 60 Mg	00378-6060-01	Y	1413281	0	ZY	04/28/2018	90.00000	45.72	118.60	CGNAC	0	90	Gould, K.
Vytorin Tab 10/40 90	66582-0313-54	N	1416752	1	ZY	04/28/2018	90.00000	200.51	789.74	CGNAC	0	90	Lisse, Scott
Synthroid Tab 75mcg	00074-5182-19	N	1416753	1	ZY	04/28/2018	90.00000	20.78	81.86	CGNAC	1	90	Lisse, Scott
Testin 1% 5gm	66887-0001-05	N	1416846	1	SD	04/07/2018	900.00000	694.84	2,736.73	CGNAC	0	90	Lisse, Scott
Vytorin Tab 10/40 90	66582-0313-54	N	1416752	0	ZY	02/24/2018	90.00000	197.80	792.45	CGNAC	0	90	Lisse, Scott
Synthroid Tab 75mcg	00074-5182-19	N	1416753	0	ZY	02/24/2018	90.00000	20.50	82.14	CGNAC	1	90	Lisse, Scott
Eliquis 2.5 Mg Tablet	00003-0893-21	N	1390010	1	DB	02/06/2018	180.00000	242.57	971.79	CGNAC	0	90	Gould, K.
Androgel 1.62%(2.5g) Gel Pckt	00051-8462-30	N	1416845	0	SD	01/19/2018	75.00000	635.48	-1.50	CGNAC	0	30	Lisse, Scott
Testin 1% 5gm	66887-0001-05	N	1416846	0	SD	01/19/2018	300.00000	1,104.41	66.71	CGNAC	0	30	Lisse, Scott
Viagra Tab 100mg	00069-4220-30	N	1416754	0	SS	01/19/2018	15.00000	1,002.02	-2.65	CGNAC	0	15	Lisse, Scott
Ketoconazole 2% Cream	51672-1298-02	Y	1416488	0	ZY	01/18/2018	30.00000	25.57	-4.38	CGNAC	0	15	Katz, Tracy

Total Patient Paid:

Total Third Party Paid:

No. Of Rxs: 38

Signature

NCPDP: 5909885

Tax ID: 46-2265227

3/15/2019 5:00 PM

CONFIDENTIAL

RTBrockman_Medical_Records_0005061

Brockman, Robert Theron

MRN: 0300937767

Office Visit 3/13/2019 Provider: Jankovic, Joseph, MD (Neurology)
Baylor College of Medicine - Primary diagnosis: PD (Parkinson's disease)
Neurology Associates Reason for Visit: Movement Disorder

Additional Documentation

Vitals: BP 135/83 (BP Location: left arm, Patient Position: Sitting, Cuff Size: regular) Pulse 61
Ht 6' 1" (1.854 m) Wt 195 lb 9.6 oz (88.7 kg) BMI 25.81 kg/m² BSA 2.14 m² [More Vitals](#)
Encounter Info: [Billing Info](#), [History](#), [Allergies](#), [Detailed Report](#)

Progress notes

Jankovic, Joseph, MD at 3/13/2019 1:54 PM

Author Type: Physician Status: Signed
Editor: Jankovic, Joseph, MD (Physician)

[Expand All](#) [Collapse All](#)

FOLLOW-UP VISIT

History

The patient is a 77 y.o. male with PDD

The patient states he is worse mentally and physically despite levodopa. Although he had slight improvement in his motor functioning initially with low dose levodopa his motor and mental functioning deteriorated as he gradually increased dosage. According to wife he has a "zombie-like effect" for a few minutes after each dose of Sinemet. He has increasing difficulties getting in and out chair and car and feels unsteady. He avoids stairs and long-distance driving. He is most concerned about his short-term memory. His RBD has improved since Dr. Yudofsky placed him on Trazodone. He had bladder cancer 13 years ago and has frequent urination. Still followed by Dr. Lerner - last evaluation last fall. Also followed by Dr. Pool and Dr. Yudofsky.

Examination:

BP 135/83 (BP Location: left arm, Patient Position: Sitting, Cuff Size: regular) | Pulse 61 | Ht 6' 1" (1.854 m) | Wt 195 lb 9.6 oz (88.7 kg) | BMI 25.81 kg/m²

Examination was normal except 1+ hypomimia, 1+ RSM in hands and feet, 1+ arising from chair, 1+ broad-based gait, 2+ retropulsion, no rigidity in UE and 1+ in LE

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• buPROPion (WELLBUTRIN SR) 100 MG SR tablet	Take 100 mg by mouth two times daily. 200mg each morning and 100mg each evening		

- | | | | |
|---|-------------------------------------|---------|---|
| • carbidopa-levodopa (SINEMET) 25-100 MG per tablet | Take 2 Tabs by mouth 3 times daily. | 540 Tab | 1 |
| • diltiazem (DILTIAZEM CD) 120 MG ER capsule | Take 120 mg by mouth daily. | | |
| • ELIQUIS 2.5 MG TABS | TAKE 1 TABLET TWICE DAILY | | 2 |
| • ezetimibe-simvastatin (VYTORIN) 10-40 MG per tablet | Take 1 Tab by mouth every evening. | | |
| • levothyroxine (SYNTHROID) 75 MCG tablet | Take 75 mcg by mouth daily. | | |
| • Multiple Vitamins-Minerals (MULTIVITAMIN ADULT OR) | Take by mouth. | | |
| • Testosterone (ANDROGEL) 50 MG/5GM GEL | Place onto the skin. | | |
| • TRAZODONE HCL OR | Take by mouth at bedtime. | | |

No current facility-administered medications for this visit.

Diagnosis:**Patient Active Problem List****Diagnosis**

- Bladder cancer
- Prostatitis
- Pseudoexfoliation glaucoma(365.52)
- Hypercholesteremia
- Thyroid disease
- Urgency of micturation
- Mild stage glaucoma(365.71)
- Paroxysmal atrial fibrillation
- Erectile dysfunction
- Urinary tract infection without hematuria
- Other fatigue
- PD (Parkinson's disease)
- Cognitive decline
- RBD (REM behavioral disorder)

Assessment and Plan:

We discussed the results of neuropsychological testing and the presence of dementia. Although Dr. York suggested DLB he has never had hallucinations or fluctuations. It's possible that patient has PIGD form of parkinsonism

Sinemet 25/100 2 tab tid

Trazodone 50 mg tab qhs

Start Exelon 4.6 mg patch qd x 1 month and 2 patches thereafter

Encouraged to increase muscle strengthening exercise more

Discouraged to reduce and discontinue his 30 different vitamins and iron

Provide patient summary of this note and the neuropsychological report

I personally interviewed and examined the patient. A comprehensive review of systems was performed and positive findings were recorded. Complex decision making included a review of multiple treatment options for the primary as well as comorbid conditions. In addition to counseling about regular exercise program, I discussed with the patient possible side effects of prescribed treatments such as drowsiness and other potential risks. I also discussed the importance of regular check-ups with the primary care physician. After addressing all questions, I provided counseling and education as appropriate. The patient was invited to communicate with us via MyChart and to review our website www.jankovic.org for further information.

More than 50% of the visit was spent counseling, discussing diagnosis and prognosis, and educating about the disease and available resources.

JOSEPH JANKOVIC, M.D.

Professor of Neurology
Distinguished Chair in Movement Disorders
Director, Parkinson's Disease Center
and Movement Disorders Clinic
Baylor College of Medicine
Department of Neurology
7200 Cambridge, Suite 9A, MS: BCM 609
Houston, TX 77030-4202
Tel: 713-798-2273 or -6556
Fax: 713-798-6808
Web: www.jankovic.org

No questionnaires available.

Patient Instructions

None

AVS Reports

Date/Time	Report	Action	User
3/13/2019 2:05 PM	After Visit Summary	Printed	Williams, Dorothy, LVN
3/13/2019 1:54 PM	After Visit Summary	Automatically Generated	Jankovic, Joseph, MD

Follow-up and Disposition

Return in about 3 months (around 6/13/2019).

Orders Placed

None

Medication Changes

As of 3/13/2019 2:05 PM

	Refills	Start Date	End Date
Added: rivastigmine (EXELON) 4.6 MG/24HR PT24	3	3/13/2019	
Apply 1 patch to skin every 24 hrs x 1 month then increase to 2 patches thereafter			
traZODone HCl			

#1 - Atrial FIB

ROBERT T. BROCKMAN
10/15/2018 IIT#P

1st EPISODE (3rd Sept ^{Sept} ^{at Home} ^{Per Bed} ^{Per Bed})
Did not feel well. Pulse 150 bpm ("150 bpm") EMT Atrial FIB
Dorothy called 911 → Methodist. "Norman Ellis"
Lance Gould
Diltiazem 120mg BID → 60mg BID
Eliquis
Contiprat
June 2017 - Colorado Home ("150-155 bpm") 1st Day.
ER. A. Fib
2. Hx / 2 Septigrams Diltiazem 60mg BID
Dorothy Summer unwell - from golf on holiday
9 weeks ago (BPM / Head Thuds) → 2 PM.
Diltiazem 2 regular tablets
→ to be monitored.

Dr. Lance Gould - x 20 years (Took 4-5 Per Bed)
Bree Benovic Medical Records.

Worst BP. Now x weeks (3 ^{over} measures)
"145/85"

#2. "Slowed Down" x 2yrs "I cannot get my desk clear."
IRs About Credit (Personal + Sam's) "Hard time to make decisions".

Depression
6/10
Anxiety
6/10
Anger
6/10
Frustration
4-6/10
"My memory is fairly poor."
"Propanolol 1, 2yrs."
"Slow Tom memory" -
Email matters.
Read work then verbal.
"Misplace Items"
Paper
CD ROM
Flash Drives

[Don Hearing Background noise x 2yrs]

Walk - Slower!
Houstonian (1981 →) 1/8 mile track

Handwriting - Dramatically worse x 2yrs!
Stopped signing "1000 Certificates".
"Signature looks like hell".
OK Silverware
Glassware

No Smell x 2yrs!
Cooking
Flower

Avoid Learning New Things
STOPPED Reading Books

Robert T. Brockman
12/15/2018 Irt40

#3 - LBP "Stenois" (1 1/2 yrs ago)

Dr. Jeff Kozack (Fondren Orthopedics)

"L2-L3 Stenosis"

O₂ Sat
97%

Sx: (C) (D) Low Back Ache. (2-4/0) Freq. Daily
No Sciatica

Pat: Prolong sitting.

Rx: Aleve

"Instant I get in bed it goes away".

"I feel great in morning".

#4 - "Fallen Metatarsal Transverse Arch Both Feet"

Wears Orthotics

⊕ ? Peripheral Neuropathy.

#5 - Bladder Cancer

Blood - urine. Rec. Alexon → surgery.

RCM Methodist (Ochslock)

Tumor on stalk near urethra resected.

Dr. Seth Jensen (2006 →)

LAST UTI.

ROBERT BROCKMAN

- ① MRI Brain Scan
- ② Comprehensive Neuropsychological Exam
- ③ Comprehensive Tests
- ④ Colonoscopy

FLORIDA x 18 yrs.
College (Central College - Danville, Ky) x 2 yrs
(U. Florida) Bachelor's BSM - 1963 12 Class
(U. Florida) Master's Degree x 4 yrs.
Deanborn MI (7/10/64 - 4/10/65) → Transferred to Houston. Ford Motor file 1/10/66
Houston TX IBM. Sales / Branch Manager

Date 10/15/2018 @ 2:30 PM

MEDICAL QUESTIONNAIRE

In an attempt to gain insight into your medical needs and problems, we are requesting that you answer the following questions. Your answers should be complete and concise. Any question not completely understood should be circled, and we will review it with you prior to your clinic visit. If you have pertinent information we have overlooked, space is provided at the back for additional comments.

All information will become part of your permanent record and will be held in strictest confidence. You are requested to complete the questionnaire at home where you have time to think and probably have access to important medical information.

Son = Robert

NAME BROCKMAN, ROBERT THERON DOROTHY
(LAST) (FIRST) (MIDDLE) (SPOUSE'S NAME) (PARENT'S NAME IF MINOR)

DATE OF BIRTH 1941 SOCIAL SECURITY # 3444

PLACE OF BIRTH ST. PETERSBURG, FL AGE 77 SEX M RACE CAUCASIAN
JAN 1940 2nd 1st 4/13/1968
MARITAL STATUS: S (M) W D HEIGHT 6' 1" WEIGHT 186

ADDRESS Houston, TX
(STREET) (CITY) (STATE) (ZIP CODE)

HOME PHONE
(AREA CODE) (PHONE NUMBER)

REFERRING PHYSICIAN DR. SETH LERNER PHYSICIAN'S ADDRESS
(STREET)

PHYSICIAN'S OFFICE PHONE
(AREA CODE) (PHONE NUMBER) (CITY) (STATE) (ZIP CODE)

PATIENT'S BUSINESS REYNOLDS & REYNOLDS (5,000 Employees) Logistic Cargo (60-70 hrs/wk)
OCCUPATION EXECUTIVE (CEO) ADDRESS 6700 HOLLISTER
BUSINESS PHONE 713-718-1800

SPOUSE'S OCCUPATION N/A BUSINESS ADDRESS 6700 HOLLISTER
BUSINESS PHONE 713-718-1800 EXT 7600

INSURANCE CARRIER CIGNA 3329754 U31221001
(GROUP NUMBER) (CERTIFICATE NUMBER)

PAST MEDICAL HISTORY

Tate 4yo &c

1. Please list all hospitalizations.

- A) Include the hospital, location, date of admission and discharge and medical reason for admission.
 B) The list is to include all surgical procedures. Do not include child births unless medical problems developed.

	<u>Date</u>	<u>Hospital</u>	<u>City, State</u>	<u>Reason for Hospitalizations and/or Surgical Procedure</u>
(1)	8/10 2006	METHODIST	HOUSTON	BLADDER CANCER
(2)	12/10/2007	"	"	" "
(3)	1980	Shriners Hospital	Houston	Prostatitis
(4)				
(5)				
(6)				

- For Hx: (L) Middle finger (Volleyball)
 2. Have you ever had any serious childhood diseases? Yes _____ No X

Please list the disease, date of occurrence and any complications.

Chicken pox (+), Measles (+), Mumps (-), Whooping Cough (+)

3. Have you ever had an illness or injury that did not require hospitalization but did require prolonged care at home? Yes _____ No X

A) Describe the illness or injury, age of occurrence, and length of time required for recovery.

4. Have you ever required a blood transfusion? Yes _____ No X
 A) If yes, have you ever had a "transfusion reaction"? Yes _____ No _____

5. Are you currently taking any medications? Include all non prescription medications and birth control pills. Please list all medications, the number of times taken per day or per week (frequency), and the length of time you have been taking the medication.

<u>Medication</u>	<u>Frequency</u>	<u>Length of Time</u> (weeks, months, years)
SYNTHROID 0.75mg	DAILY QDAM	30 YRS
VYTORIN 10/40	" QDAM	10 YRS
DILTIAZEM (CARDIZEM) 60mg	QDAM	2 YRS
ELIQUIS 150mg	QDAM	2 YRS
Kee Fizzy Tablets only colored.		
50y old + 25+ different VITAMINS, MINERALS, ETC		

6. If any of the above were prescribed for high blood pressure, do you take the medication as prescribed by your physician? Yes _____ No X - it is for ATRIAL FIBRILLATION

A) If no, when and how often do you take your medicine for high blood pressure?

DAILY

Dr. Louis Gould

7. Do you have any drug allergies? Yes _____ No X

A) Please list the drugs and the accompanying reaction.

Drug

Describe the Reaction

8. Do you have any food allergies? Yes _____ No X

A) Please list the food and the accompanying reaction.

Food

Reaction

9. Do you have any allergies to substances (such as dust, pollen, ragweed, etc.)?

A) Please list the substance and accompanying reaction.

Substance

Reaction

<u>RAGWEED</u>	<u>VIOLENT-LIKE TEAR GAS</u>
<u>POLLENS, POLLUTION</u>	<u>ROUTINE</u>

10. Are you on a special diet? Yes _____ No X How many years? _____

Please list the type of diet. _____

11. Do you have any special dietary habits? (food faddism, craving for a special type of food) Yes _____ No _____

If yes, what? ICE CREAM

12. Have you gained or lost weight in the past year? Yes X No _____

_____ lbs. gained 20 lbs. lost

Usual Wt. 192 + + lbs.

AND UP TO 206

NOW 186

13. Do you smoke? Yes _____ No X Never

A) What is your smoking preference? Cigarettes _____ Cigars _____ Pipe _____

B) How much do you smoke? Packs per day _____ Cigars per day _____

C) How many years have you smoked? Second Hand Smoke

H.S. - 160th
College - 194th
MA - 200th (5/2017)
↓ 20th (Protein Shake
Supp.)

14. Do you drink alcoholic beverages? Yes _____ No X NOT ANY MORE - STOPPED

Indicate your preference: Liquor _____ Beer _____ Wine _____

A) Have you ever had a drinking problem? Yes _____ No _____

B) How many drinks do you have? Per day _____ Per week _____

Only Fishing or Bird Hunting.
'Did not feel good'
'Did not taste good'
Low alcohol to make EOH.

15. Do you drink coffee or tea? Yes X No _____

Cups per day 1

SOCIAL HISTORY

1. What is your ethnic background? (such as African, English, French, Irish, etc.)
3rd Generation GERMANS (90%) *Brockmann (German) Mother (Brown) English Physical therapy K-Pyo*
2. Are you at present living alone? Yes _____ No X
 A) If yes, please list the name of a relative, close friend or significant other person that might be contacted in case of emergency:
 NAME _____ PHONE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
3. What is the highest level of education you have completed? (Please give school and date)
BSBA + ONE YEAR OF GRAD SCHOOL
4. Have you ever served in the military? Yes X No _____ (1959-1965) No Active Duty
 What branch? USMC For how long? 6 YRS IN THE RESERVE
 Duty station(s)? Officer Candidate Program (AC's)
5. Any major illnesses or injury while in the military? Yes _____ No X
 Service disability? Yes _____ No X

FAMILY HISTORY

1. Please answer the following questions:
- Indicate with a check mark (✓) whether the following relatives are alive or dead.
 - List their present age or age at death.
 - List the cause of death.

RELATIVE	ALIVE	DEAD	AGE OR AGE AT DEATH	PRESENT HEALTH OR CAUSE OF DEATH
<i>Moved to Houston (GTX)</i> FATHER		✓	78	<i>Cir 2000</i> COPD (Theophylline poisoning) SMOKING
MOTHER		✓	92	OLD AGE Medicine Overdose (NO BK)
FATHER'S MOTHER		✓	88	UNKNOWN
FATHER'S FATHER		✓	89	UNKNOWN
MOTHER'S MOTHER		✓	86	DIABETES
MOTHER'S FATHER		✓	87	CUSSEDNESS
BROTHERS <u>X 1 (87/1947)</u> <i>David Brockman</i>			<i>Good.</i>	SMOKER FOR 50 YRS
SISTERS <u>X 0</u>				
CHILDREN <u>X</u>	✓			SON 44 - GOOD HEALTH
(INDICATE SEX)	<u>MALE</u>			
<u>GIADPI</u>				

DOB 5/11/1974 Robert T. Brockman, II - Elizabeth Bellows (married 10/15/2017)
Rice Graduate *Good*
Worship Father *OSA (LFT, 180lb)*
BSM Alumnus (one Art)

2. Have you or any of your family members ever had: (Check (✓) appropriate response.
If yes, indicate relative (such as father, aunt, brother).

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>RELATIVE</u>
high blood pressure	_____	_____	_____	_____
heart attack	_____	_____	_____	_____
stroke	_____	_____	_____	_____
diabetes	✓	_____	_____	(W) GRAND MOTHER
high blood cholesterol	_____	_____	_____	4/11/90/HA
cancer	_____	_____	_____	_____
gout	_____	_____	_____	_____
tuberculosis	_____	_____	_____	_____
kidney failure	_____	_____	_____	_____
epilepsy	_____	_____	_____	_____
asthma, hay fever or allergy	_____	_____	_____	_____
mental illness	_____	_____	_____	_____
blood clotting problems	_____	_____	_____	_____

GENERAL QUESTIONS

- Have you ever been refused life or health insurance? Yes _____ No ✓
- How many hours of sleep do you average per night? 6.5 to 7
- Do you find it necessary to take sleeping medications? Yes _____ No ✓ ONLY OCCASIONALLY
- Do you have an excessive feeling of being drained of much of your strength and energy after what you consider a good night's sleep? Yes ✓ No SOMETIMES
- Do you have an excessive vague feeling of physical discomfort or uneasiness as before an illness? Yes ✓ No SOMEWHAT
- Have you noticed any change in your mood (such as excessive irritability, depression or inability to cope with everyday problems)? Yes ✓ No
- Does your normal weekly schedule include time for recreation? Yes ✓ No
What recreation? WATCHING MOVIES IN BED WITH MY WIFE

HEALTH PROBLEM QUESTIONS

After each question please check "yes", "no", or "don't know". For each "yes" and "don't know" answer, you will be questioned further.

I. SKIN, HAIR AND NAILS

Have you ever had:

Scaling, rash or other problems requiring treatment by a dermatologist (skin specialist)?

Yes
✓

No

Don't Know

Enlarging dark spot or mole?

Yes
✓

No

Don't Know
✓

A sore or ulcer on the skin that won't heal?

Yes
✓

No

Don't Know

Changes in skin, hair or nail texture?

ROUGH NAIL SURFACE

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Excessive hair loss?	<u>✓</u>		
Excessive sweating?		<u>✓</u>	
Generalized excessive dryness?		<u>✓</u>	
Generalized or localized itching?		<u>✓</u>	
Frequent nail biting?		<u>✓</u>	
Easy bruising?		<u>✓</u>	

II. HEAD

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Have you ever had:			
Head injury accompanied by unconsciousness?		<u>✓</u>	
Migraine headaches?		<u>✓</u>	
Frequent or severe headaches?		<u>✓</u>	
Dizziness, light-headedness or fainting spells?		<u>✓</u>	

III. EYES

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Have you ever had:			
Pain in eyes?		<u>✓</u>	
Recent changes in vision?		<u>✓</u>	
Double vision?		<u>✓</u>	
Blurred vision?		<u>✓</u>	
Excessive tearing or redness?		<u>✓</u>	
No tearing (dry eyes)?		<u>✓</u>	
Excessive burning or itching of eyes?		<u>✓</u>	
Spots before your eyes?		<u>✓</u>	
Excessive sensitivity to light?		<u>✓</u>	
Glasses or contact lenses?		<u>✓</u>	
Last eye specialist examination		<u>✓</u>	

Date Dr. Steve Slade

*Old Cataract
Extraction
2016*

IV. EARS

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Have you ever had:			
Partial or complete hearing loss?	<u>X</u>		
Ear pain (ear aches)?		<u>✓</u>	
Recurring ear infections?		<u>✓</u>	
Discharge or drainage from ears?		<u>✓</u>	
Ringing or whistling in ears?		<u>✓</u>	

V. NOSE, SINUSES

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Have you ever had:			
Sinus infections?		<u>✓</u>	
Sinus pain?		<u>✓</u>	
Frequent nose bleeds?		<u>✓</u>	
Nasal or post-nasal drainage or discharge?		<u>✓</u>	
Hayfever?		<u>✓</u>	

VI. MOUTH, THROAT

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Have you ever had:			
Excessive bleeding of gums?	<u> </u>	<u>✓</u>	<u> </u>
Difficulty swallowing?	<u> </u>	<u>✓</u>	<u> </u>
Painful swallowing?	<u> </u>	<u>✓</u>	<u> </u>
Pain in mouth or throat?	<u> </u>	<u>✓</u>	<u> </u>
A sore that won't heal?	<u> </u>	<u>✓</u>	<u> </u>
Frequent sore throats?	<u> </u>	<u>✓</u>	<u> </u>

VII. NECK

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Have you ever had:			
Thyroid enlargement or tumors?	<u> </u>	<u>✓</u>	<u> </u>
Overactive or underactive thyroid?	<u> </u>	<u>✓</u>	<u> </u>
X-ray <u>therapy</u> to tonsils, thymus or other parts of the head or neck?	<u> </u>	<u>✓</u>	<u> </u>
Frequent neck pain?	<u> </u>	<u>✓</u>	<u> </u>
Injury to neck?	<u> </u>	<u>✓</u>	<u> </u>
Limited movement?	<u> </u>	<u>✓</u>	<u> </u>
Enlarging lumps under the skin?	<u> </u>	<u>✓</u>	<u> </u>

VIII. HEART, LUNGS, BLOOD VESSELS

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Have you ever had:			
High blood pressure?	<u>✓</u>	<u> </u>	<u> </u>
Heart attack(s)?	<u> </u>	<u>✓</u>	<u> </u>
Pain, pressure or tightness in chest with exertion (angina pectoris)?	<u> </u>	<u>✓</u>	<u> </u>
Pain, pressure or tightness in chest while resting?	<u> </u>	<u>✓</u>	<u> </u>
Abnormal electrocardiogram(EKG)? <i>A. fibrillation</i>	<u>✓</u>	<u> </u>	<u> </u>
Heart murmur?	<u> </u>	<u>✓</u>	<u> </u>
Heart failure?	<u> </u>	<u>✓</u>	<u> </u>
Swelling of face, eyes, arms, legs, ankles or abdomen?	<u> </u>	<u>✓</u>	<u> </u>
Shortness of breath?	<u> </u>	<u>✓</u>	<u> </u>
Difficulty breathing while flat or using only 1 pillow?	<u> </u>	<u>✓</u>	<u> </u>
Sudden onset of difficulty breathing while asleep?	<u> </u>	<u>✓</u>	<u> </u>
Irregular heart beat?	<u>✓</u>	<u> </u>	<u> </u>
Rapid heart beat?	<u>✓</u>	<u> </u>	<u> </u>
Slow heart beat?	<u> </u>	<u>✓</u>	<u> </u>
Fainting or temporary loss of consciousness?	<u> </u>	<u>✓</u>	<u> </u>
Leg pain or cramps while walking?	<u> </u>	<u>✓</u>	<u> </u>
Cold hands or feet in warm weather?	<u> </u>	<u>✓</u>	<u> </u>
Excessive dry cough?	<u> </u>	<u>✓</u>	<u> </u>
Excessive productive (mucus producing) cough?	<u> </u>	<u>✓</u>	<u> </u>
Coughed up blood?	<u> </u>	<u>✓</u>	<u> </u>
Asthma?	<u> </u>	<u>✓</u>	<u> </u>

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Pneumonia?	_____	<u>✓</u>	_____
Tuberculosis?	_____	<u>✓</u>	_____

IX. STOMACH AND INTESTINES

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Have you ever had:			
Stomach ulcers?	_____	<u>✓</u>	_____
Persistent gnawing, soreness, heaviness or aching in stomach?	_____	<u>✓</u>	_____
Heart burn or indigestion? <i>ALLEV PPT</i>	<u>✓</u>	_____	_____
Nausea or vomiting?	_____	<u>✓</u>	_____
Vomited bright red blood or "coffee ground" colored material?	_____	<u>✓</u>	_____
Poor appetite or lack of desire to take in food?	_____	<u>✓</u>	_____
Fear of eating certain foods because of the possibility of causing digestive disturbance or pain?	_____	<u>✓</u>	_____
Bright red blood in stools?	_____	<u>✓</u>	_____
Tarry black stools?	_____	<u>✓</u>	_____
Bleeding from rectum?	_____	<u>✓</u>	<i>SLIGHT</i>
Hemorrhoids?	_____	<u>✓</u>	_____
Yellow jaundice?	_____	<u>✓</u>	_____
Light colored or clay colored stools?	_____	<u>✓</u>	_____
Diarrhea or <u>constipation</u> ?	<u>✓</u>	_____	_____
Regular use of laxatives, enemas?	_____	<u>✓</u>	_____

X. KIDNEY AND BLADDER

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Have you ever had:			
Kidney or bladder infection(s)?	<u>✓</u>	<u>✓</u>	_____
Kidney stones?	_____	<u>✓</u>	_____
Enlarged prostate gland (FOR MEN)?	_____	<u>✓</u>	_____
Blood in urine? <i>BLADDER CANCER</i>	<u>✓</u>	<u>✓</u>	_____
Cloudy urine?	<u>✓</u>	_____	_____
Pain or burning with urination? <i>UTI</i>	<u>✓</u>	_____	_____
Too frequent urination?	_____	_____	_____
day?	<u>✓</u>	_____	_____
night?	<u>✓</u>	<u>✓</u>	_____
Difficulty starting or stopping urination?	_____	<u>✓</u>	_____
Dribbling urine when laughing, coughing or sneezing?	_____	<u>✓</u>	_____

XI. NERVOUS SYSTEM

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Have you ever had:			
Convulsions or seizures?	_____	<u>✓</u>	_____
Loss of muscle function or paralysis?	_____	<u>✓</u>	_____
Loss or decrease of feeling in body parts?	_____	<u>✓</u>	_____

Muscle weakness? *NC: 1x/1-2wks* *Vaginal x 2yrs*
 Loss of muscle coordination?
 XII. GENITAL *Libido: 50% ↓* *Sex: 4/2018* *Poor Erection*
Poor Mnt.

Age menstrual periods started?
Age during first pregnancy?
Number of pregnancies?
Number of deliveries?
Number of miscarriages?
Any significant complications?
Date of last menstrual period?
If you have reached menopause. . . . symptoms?

jpool\clinical practice\questionnaire.doc

New Patient Information Form

Today's Date 10/15/2018

Patient's Name Robert Brockamn Email bob_brockman@reyrey.com

Street Address [REDACTED] Date of Birth [REDACTED] 1941

City Houston Social Security Number [REDACTED] 3444

State TX ZIP 77024 If person other than the patient contacted our office for
this new patient appointment, complete the following:

Home Phone [REDACTED] Person's Name _____

Work Phone _____ Telephone _____

Cell Phone 713-412-9916 FAX _____

FAX _____ Email _____

Employment Information

Occupation EXECUTIVE (CEO)

Employer REYNOLDS E REYNOLDS Phone 713-788-1800

Street Address 6700 HOLLISTER FAX _____

City HOUSTON State TX ZIP 77040

Health Insurance Information

Certificate ID# U312210001 Group ID# 3329754 Name of Insured (if different from new patient):
Robert Brockman

Insurance Company Cigna Date of Birth of Insured: [REDACTED] 1941

Claims Address _____

Claims Telephone _____

Emergency Contact Information

Person Dorothy Brockman

Relationship Spouse

Home Phone [REDACTED]

Work Phone _____

Cell Phone 713-680-8702

Spouse Information

Spouse Name _____

Date of Birth _____

Social Security Number _____